



**JAMES CITY COUNTY
DIVISION OF PARKS AND RECREATION
ANNUAL ACTIVITY WAIVER**



****PLEASE PRINT LEGIBLY****

****PHOTO IDENTIFICATION REQUIRED TO PROCESS (DMV ISSUE OR MILITARY)****

Primary Member Name: _____ **Date of Birth:** _____
Last First MI

VADL (or) SS# _____ **Gender:** M F **E-mail Address:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Emergency Contact:** _____
(H) _____ (W) _____ (Name) _____ (Phone) _____
(Complete only if applicable)

Spouse's Name: _____ **Date of Birth:** _____
Last First MI

VADL (or) SS# _____ **Gender:** M F **E-mail Address:** _____

Phone: _____ **Emergency Contact:** _____
(W) _____ (Name) _____ (Phone) _____

***Dependents: (*Note: List only those under the age of 18. All dependents 18 and older will be required to complete individual waiver forms.)**

Name: _____	Date of Birth: _____	Gender: M F
Name: _____	Date of Birth: _____	Gender: M F
Name: _____	Date of Birth: _____	Gender: M F
Name: _____	Date of Birth: _____	Gender: M F
Name: _____	Date of Birth: _____	Gender: M F
Name: _____	Date of Birth: _____	Gender: M F

FOR OFFICE USE ONLY	
RESIDENCE: J W Y NR	<small>Participant Spouse</small>
ID VERIFIED: _____	
HOUSEHOLD # _____	
EXP. DATE: _____	
CSA INITIALS: _____	

Please read this form carefully and be aware that by initialing and signing this document you will be waiving and releasing all claims for injuries that you, or the listed dependents, may sustain while participating in activities offered or sponsored by James City County's Division of Parks and Recreation for a duration of no more or less than one year from the date of signature.

As a registered participant, or legal guardian of a registered participant, in any activity offered or sponsored by James City County's Division of Parks and Recreation, I recognize and acknowledge that there exist certain inherent risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I, or the listed dependents, may sustain as a result of, or in any way connected with participating in any and all registered activities.

Initial _____

I do hereby fully release and discharge James City County, its employees and agents from any and all claims from injury, including death, damages or loss which I, or the listed dependents, may have or incur as a registered participant in an activity offered or sponsored by James City County's Division of Parks and Recreation.

Initial _____

I further agree to indemnify and hold harmless James City County, its employees and agents from and against any, and all, liability which may be suffered by myself or my listed dependent as a result of, or in any way connected with participation as a registrant in any and all activities offered or sponsored by James City County's Division of Parks and Recreation.

Initial _____

I understand that once signed, this waiver agreement will expire one year from the signature date, whereupon a new form will be required to be completed for participation in future programs offered or sponsored by James City County's Division of Parks and Recreation requiring registration.

Initial _____

I understand that participants in James City County Parks and Recreation programs may be photographed for promotional purposes.

Initial _____

Applicant's Signature
(Must be Parent or Legal Guardian of listed Dependents)

Date

Spouse's Signature
(If applicable)

Date